

FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Page 3 for Privacy Act
Statement

O.M.B. No. 3067-0024
Expires September 30, 1999

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SECTION I - GENERAL INFORMATION

1a. Place of Birth:

1b. U.S. Citizen ☐ Y ☐ N

2. NAME (As you would like it to appear on your certificate
Last, First, Middle, Suffix)

3. DATE OF BIRTH
(Mo. Day, Yr.)

4. SOCIAL SECURITY NO.

5. SEX

☐ Male
☐ Female

6a. HOME ADDRESS (Street, avenue, road no./city or town/state and zip code)

7a. WORK PHONE NO. ()

7b. FAX NO. ()

8. HOME PHONE NO.

6b. EMAIL ADDRESS:

()

9. PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOU AND YOUR ANCESTRAL HERITAGE (Providing this information is voluntary)

☐ AMERICAN INDIAN or ALASKAN NATIVE ☐ ASIAN or PACIFIC ISLANDER
☐ BLACK, not of Hispanic origin ☐ WHITE, not of Hispanic origin ☐ HISPANIC

10. ENTER COURSE CODE (S), COURSE(S) DESIRED AND DATES REQUESTED (Include location if delivered in the field)

CODE/TITLE OF COURSE(S)

DATES REQUESTED (Please give three choices)

11. CIRCLE THE NUMBER THAT REFLECTS THE HIGHEST LEVEL OF YOUR FORMAL EDUCATION:

HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 POST GRADUATE 17 18 19 20

12. COMPLETE THE ITEMS BELOW REGARDING THE PRE-REQUISITES OF THE COURSE(S) FOR WHICH YOU ARE APPLYING

INSTITUTION

DEGREE/CERTIFICATE

DATE EARNED

COURSE/FIELD OF STUDY

13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT NETC ☐ NO ☐ YES (Describe & Indicate any special considerations required on a separate sheet)

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

14. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

15. Enter your current position in organization being represented and number of years in the position.

16. Briefly describe your activities or responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position in the organization on the chart.

17. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

a. JURISDICTION

☐ STATEWIDE
☐ COUNTY GOVERNMENT
☐ CITY/TOWN/VILLAGE
☐ SPECIAL DISTRICT/TOWNSHIP
☐ FEDERAL/MILITARY
☐ INDUSTRY/BUSINESS
☐ FOREIGN
☐ FEMA
☐ NDER/IMA

b. TYPE OF ORGANIZATION

☐ ALL CAREER
☐ ALL VOLUNTEER
☐ COMBINATION

c. AFFILIATION

☐ FIRE SERVICE
☐ EMERGENCY MANAGEMENT
☐ LAW ENFORCEMENT
☐ EMS/HEALTH CARE
☐ PUBLIC WORKS
☐ SOCIAL SERVICE
☐ OTHER
☐ EDUCATION

18. Enter the total number of active personnel in your organization.

19. CHECK THE BOX THAT BEST DESCRIBES THE POPULATION SERVED BY YOUR ORGANIZATION

☐ OVER 200,000
☐ 100,001- 200,000
☐ 50,001- 100,000

☐ 25,001- 50,000
☐ 10,001- 25,000
☐ 5,001- 10,000

☐ 2,501 - 5,000
☐ 1,000 - 2,500
☐ UNDER 1,000

20. CHECK THE BOX THAT BEST DESCRIBES YOUR CURRENT STATUS

☐ CAREER FULL TIME ☐ DISASTER RESERVIST
☐ PAID PART - TIME

21. CHECK THE BOX THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY. PLEASE CHECK THE BOX IN THE "TYPE OF EXPERIENCE COLUMN" THAT BEST REPRESENTS THE TYPE OF EXPERIENCE RELATED TO THAT RESPONSIBILITY. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

PRIMARY RESPONSIBILITY

- ☐ MANAGEMENT
☐ TRAINING/EDUCATION
☐ SCIENTIFIC/ENGINEERING
☐ INVESTIGATION
☐ FIRE PREVENTION
☐ FIRE SUPPRESSION
☐ PROGRAM/ACTIVITY
☐ HEALTH
☐ PUBLIC WORKS
☐ DISASTER RELIEF
☐ EMERGENCY MEDICAL SERVICES
☐ HAZARD MITIGATION
☐ DISASTER RESPONSE
☐ EMERGENCY PREPAREDNESS
☐ DISASTER RECOVERY
☐ OTHER (Specify) _____

NUMBER OF YEARS OF EXPERIENCE _____

TYPE OF EXPERIENCE

- ☐ INCIDENT COMMAND
☐ ADMINISTRATION/STAFF SUPPORT
☐ SUPERVISION
☐ BUDGET/PLANNING
☐ PROGRAM DEVELOPMENT
☐ PROGRAM DELIVERY
☐ COORDINATION/LIAISON
☐ PUBLIC EDUCATION
☐ CODE DEVELOPMENT
☐ INCIDENT RESPONSE
☐ CODE ENFORCEMENT
☐ INSPECTION
☐ SUPPORT SERVICES
☐ ADMINISTRATION/MANAGEMENT
☐ RESEARCH AND DEVELOPMENT
☐ ARSON
☐ LAW ENFORCEMENT
☐ DESIGN AND PLANNING
☐ OTHER (Specify) _____

SECTION III - ENDORSEMENT AND CERTIFICATION

22. a. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the National Emergency Training Center if I am admitted as a student. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C . 1001).
- b. I hereby authorize the release of any and all information concerning my enrollment in this course to the the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.
- c. Further, I understand that the National Emergency Training Center is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

SIGNATURE OF APPLICANT

DATE

23a. Approval by the Head of the Sponsoring Organization:

SIGNATURE

DATE

TITLE

PHONE NO.

23b. Additional endorsements for application to the Emergency Management Institute:

SIGNATURE State Emergency Management Office

DATE

SIGNATURE FEMA Regional Office

DATE

24. SUBMISSION OF APPLICATION

- a. FOR NFA COURSES DELIVERED IN EMMITSBURG, MD.
SUBMIT APPLICATION TO:

**NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS
16825 SOUTH SETON AVENUE
EMMITSBURG , MD 21727**

- b. FOR EMI COURSES IN EMMITSBURG, MD., SUBMIT THE APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR AND FEMA REGION TO NETC.

- c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.

25. DISPOSITION

☐ ACCEPTED☐ REJECTED

SIGNATURE OF REVIEWER

DATE

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to the National Fire Academy (NFA) or the Emergency Management Institute (EMI).

AUTHORITY - Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301, 44 U.S.C. 3101, 50 U.S.C. App. 2253, E.O. 12127 and E.O. 12148.

PURPOSES AND USES - The principal purpose of the information requested on this form will be used to determine eligibility for attendance and benefits to be gained. Information such as age, sex, and ancestral heritage are used for statistical purposes and may be a factor in enhancing cultural diversity in the class room. Information may be used by FEMA Staff to analyze application and enrollment patterns for specific courses. If accepted for admission, certain information may be released to a physician to provide medical assistance to students who become ill or are injured during courses; to Members of the Board of Visitors for the purpose of evaluating the participants of the courses; to sponsoring states or local officials to update statistics of NFA and EMI applicants from their states or local jurisdiction; to a Member of Congress in response to an inquiry made at your request. Information will only be used or released as permitted by law.

EFFECTS OF NONDISCLOSURE - Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in a delay in processing your application.

Information Regarding Disclosure of Your Social Security Number Under PL-579, Section 7(b) -

Solicitation of the SSN is authorized under provision of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary and is only for recordkeeping purposes. If you do not provide your SSN, a system identification number will be assigned to you for recordkeeping purposes. The SSN is used as an identifier to match the person completing the training with the correct master record in order to better assist you in obtaining certifications of completed courses. The use of the SSN is necessary because of the large numbers of individuals who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

PAPERWORK BURDEN DISCLOSURE NOTICE

"Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. **NOTE:** Do not send your completed form to this address. Please return it to the address shown at the end of the form"